



## Application for Milk & Cream License

Date: \_\_\_\_\_

Fee: \$25.00

Name of Organization/Business: \_\_\_\_\_

Address of Organization/Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Number of Responsible Party: \_\_\_\_\_

**\*\*LICENSE WILL NOT BE ISSUED UNLESS ATTACHED CERTIFICATION CLAUSE FOR STATE TAXES IS SIGNED BY THE APPLICANT.**

### **BOARD OF HEALTH USE ONLY**

**Permit No. \_\_\_\_\_**

Permit Approved / Denied Date: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

\_\_\_\_\_

Fee amount and date collected: \_\_\_\_\_



**Building And Promoting A Healthy Community**